STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012798	A. BUILDING: _____ B. WING _____	R-C 02/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF GREENFIELD	831 SWOPE STREET GREENFIELD, IN 46140

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a PSR (Post-Survey Revisit) to the State Residential Licensure Survey and the Investigation of Complaint IN00139884 completed on 12/18/2013. Date of Survey: February 10, 2014. Facility number: 012798 Provider number: 012798 AIM number: N/A Survey Team: Courtney Mujic, RN, TC Karina Gates, Generalist Census bed type: Residential: 46 Total: 46 Census payor type: Medicaid: 9 Other: 37 Total: 46 Sample: 5 Crownpointe of Greenfield was found to be in substantial compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00139884. Quality review completed on Febuary 11, 2014, by Janelyn Kulik, RN. ,	{R 000}		